

All UAB MBTD Program
participants must have
this official form on file.
Thank you_____

PARENT AGREEMENT AND PARTICIPATION FORM

Girls in Business Network Summer Roundtable

DATE_____

LAST NAME _____ **FIRST NAME** _____ **INITIAL** _____

ADDRESS _____ **PHONE** _____ **CELL** _____

EMAIL _____ **SOCIAL SECURITY NO.** _____

FEMALE _____ **MALE** _____ **STUDENT** _____ **GRADE LEVEL** _____ **SCHOOL** _____

PARENT'S PLACE OF EMPLOYMENT _____ **Phone** _____

EMERGENCY CONTACT _____ **PHONE** _____
_____ **PHONE** _____

The recruiting and admitting practices of this institution are in keeping with federal guidelines concerning race, sex, handicap, religion, creed, and national origin. UAB is an equal education opportunity institution.

I agree to be a participant in this UAB Minority Business Training and Development Program and hereby as a program participant will abide by the policies and procedures to the best of my ability. All of the above information is true to the best of my knowledge.

If your child has food or medical allergies please list _____

Medical records up-to-date yes _____ no _____ Doctors' name _____ phone _____

The Minority Bs Program Staff has my permission to call 911 for emergency purposes and I will be called as well immediately or as soon as possible if injury occurs: yes _____ no _____

I AGREE FOR MY CHILD _____ TO PARTICIPATE IN THE GIRLS BUSINESS NETWORK
ROUND TABLE AT UAB IN CUDWORTH HALL WITH THE MIN BS PROGRAM. HIS/ HER PICTURE MAY BE TAKEN AND USED FOR
THIS PROGRAM.

SIGNATURE _____ **DATE** _____

Parent Signature or Legal Guardian

SIGNATURE _____ **DATE** _____

Program Director or Registrar